

Justice  
Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

	COURT CASE NUMBER 1:00CV-00543
R. JOSEPH KORT	TYPE OF PROCESS CIVIL ACTION

IDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DR. JOSEPH KORT, SCI-COAL TOWNSHP  
(Street or RFD, Apartment No., City, State and ZIP Code)

ONE KELLEY DRIVE, COAL TOWNSHIP, PA 17866

NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	8
BRADY DAVIS BX-3685 ONE KELLEY DRIVE COAL TOWNSHIP, PA 17866-1021	Number of parties to be served in this case	8
	Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Phone Numbers, and Estimated Times Available For Service):

519 N. Rocks St.  
Shamokin, PA  
570-648-6433

nature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

Acknowledge receipt for the total number of process indicated. <i>Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk <i>9. Lavelle</i>	Date <i>8/15/00</i>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described in the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown in the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) *SCRANTON* AUG 28 2000

Address (complete only if different than shown above) PER *M* DEPUTY CLERK

RD#1 Box 771  
Paxinos, PA  
570-373-1581

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 24 Aug 00 Time 5:30 pm

Signature of U.S. Marshal or Deputy *[Signature]*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
80.00	65.00		145.00			

REMARKS: *7/3/00 S&C mailed to above address. No response.  
Please attempt service at address listed in "Special Instructions". alx* (See Attachment for REMARKS) \*